

1926

296237

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *

Place of Birth Miami County Dade No. Linkerville St.

SEX OF CHILD* Twin Triplet or other? 1 { and { Number in order of birth 1st

DATE OF BIRTH* May 7 1913
(Month) (Day) (Year)

FULL NAME William Frederick Carr
FATHER

FULL MAIDEN NAME Ethel Charles Padmas Landry
MOTHER

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Mary Helen Carr
(Give name in full) (Surname)

Mrs Ethel C. Cunningham
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.

439-507-538